

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005279

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** CAMBRIDGE PROFESSIONAL OFFICE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400 US

**New Principal Place of Business:**

**Current Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400 US

**New Mailing Address:**

**FEI Number:** 65-0726899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WESTFALL, JOHN  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 336181400 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: ANDERSON, BRUCE  
Address: 719 W FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: SD  
Name: WITTERSHEIM, JANE  
Address: 727 W. FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: PD  
Name: REDMON, KATHLEEN  
Address: 707 WEST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN REDMON

PD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date